



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1066481

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

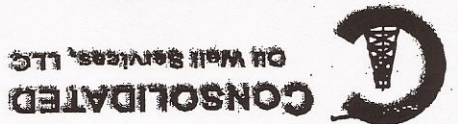
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	10/3/11	CUSTOMER #	7532	WELL NAME & NUMBER	Thomas #1
SECTION	NF 29	TOWNSHIP	14	RANGE	22
COUNTY	JO				

CUSTOMER	S I Petroleum		
MAILING ADDRESS	1800 Sonflower Rd		
CITY	Edgerton	STATE	KS
ZIP CODE	66021		
JOB TYPE	Long string	HOLE SIZE	5 7/8
CASING DEPTH	901'	DRILL PIPE	Bottle in tubing @ 891'
SLURRY WEIGHT	SLURRY VOL		
DISPLACEMENT	518 BBL	DISPLACEMENT PSI	MIX PSI
REMARKS:	Establish pump rate. Mix + Pump 100# Premium Gel Flush		

Mix + Pump 114 SKS 50/50 for mix cement 270 gal w/ F10 Seal
per sack. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to casing to 518 BBL Fresh
Water. Pressure to 808# PSI. Release pressure to set
float valve. Shut in casing.

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush
per sack. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to casing to 518 BBL Fresh
Water. Pressure to 808# PSI. Release pressure to set
float valve. Shut in casing.

REMARKS: Establish pump rate. Mix + Pump 100# Premium Gel Flush
per sack. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to casing to 518 BBL Fresh
Water. Pressure to 808# PSI. Release pressure to set
float valve. Shut in casing.

ACCOUNT CODE	5401	PUMP CHARGE	1	DESCRIPTION OF SERVICES or PRODUCT		UNIT PRICE	975.00	TOTAL	975.00
	5406	30 mi		MILEAGE	495		120.00		120.00
	5408	901		Casing Footage		N/C			
	5407	Minimum		TON Miles	515		330.00		330.00
	5500	8 hrs		80 BBL Vac Truck	370		180.00		180.00

ACCOUNT CODE	1124	114 SKS		50/50 For Mix Cement		UNIT PRICE	1191.30	TOTAL	1191.30
	118B	292*		Premium Gel			58.40		58.40
	1107	29*		F10 Seal			64.38		64.38
	4402	1		2 1/2" Rubber Plug			28.00		28.00

SALES TAX	100.99	ESTIMATED TOTAL	3048.07
-----------	--------	-----------------	---------

AUTHORIZATION _____ TITLE _____ DATE _____
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for

WELL LOG

Thickness of Strata	Formation	Total Depth
0-15	Soil/Clay	15
13	Shale	28
27	Lime	55
11	Shale	66
8	Lime	74
7	Shale	81
21	Lime	102
14	Shale	116
25	Lime	141
5	Shale	146
53	Lime	199
19	Shale	218
9	Lime	227
20	Shale	247
6	Lime	253
6	Shale	259
8	Lime	267
44	Shale	311
24	Lime	335
6	Shale	341
28	Lime	369
2	Shale	371
5	Lime	376
5	Shale	381
6	Lime	387
181	Shale	568
15	Lime	583
12	Shale	595
5	Lime	600
4	Shale	604
9	Lime	613
23	Shale	636
5	Lime	641
75	Shale	714
10	Sand	724
113	Shale	837
2	Sand	839
5	Sand	844
74	Shale	918-TD